DOCUMENT RESUME

ED 406 108 RC 021 009

AUTHOR Hyde, John C.; Drake, Margaret L.
TITLE Rural Therapists' Assessment of Capability for Autonomous Practice.
PUB DATE Mar 97
NOTE 7p.; In: Promoting Progress in Times of Change: Rural Communities Leading the Way; see RC 020 986.
PUB TYPE Reports - Research/Technical (143) -- Speeches/Conference Papers (150)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS Elementary Secondary Education; *Job Satisfaction; *Occupational Therapists; Organizational Climate; Rural Schools; *School Attitudes; *Self Efficacy; Special Education; *Vocational Adjustment; *Work Environment

ABSTRACT

As a major place of employment for occupational therapists within a rural community, school systems present the therapist with a foreign and oftentimes bureaucratic organizational form. The therapist is trained in the medical model of occupational therapy, and the transition to an educationally based care model is difficult and fraught with professional hazards. A survey assessing therapists' adjustment to the school environment and perceptions of the adequacy of their training was mailed to all 2,000 occupational therapists in Mississippi, Alabama, and Louisiana; 236 responded. The average respondent was 34 years old, female, and married; had a bachelor's degree; and had been a therapist for 10 years. About 79 percent were currently employed in a school system, and 31 percent lived in a rural area. Initial findings suggest that therapists felt a lack of ability to work autonomously with special needs children in the school system. Further, they felt they had limited or no exposure to the school environment during their on-campus education and were unprepared for the lack of professionalism there. About 53 percent of respondents intended to leave their current employment, and this intention was related to lower levels of job satisfaction, higher levels of education, absence of peers on-site, and fewer years as a practicing therapist. Feelings of preparedness to work in a school system and absence of peers on-site were related to perceptions of ability to work autonomously with children. (SV)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

DIANE MONTGOMERY

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

This document has been reproduced as received from the person or organization originating it.

Minor changes have been made to improve reproduction quality.

Points of view or opinions stated in this document do not necessarily represent official OERI position or policy

ED 406 108

John C. Hyde, Ph.D.
Margaret L. Drake, Ph.D.
The University of Mississippi Medical Center
Jackson, MS 39216-4505

Rural therapists assessment of capability for autonomous practice

Introduction: As a major place of employment for occupational therapists within a rural community, school systems seem to present the therapist with a foreign and often times bureaucratic organizational form. Since the caregiver is virtually trained and only exposed to the medical model of OT, the transition to an educationally-based care model is difficult and fraught with professional hazards. Coupled with the need to develop and many times self-develop complementary skills, the rural therapist is placed in a professionally compromising situation. As a corollary benefit, this research will hopefully provide insights into the need for potential curriculum revisions aimed at addressing these perceived educational shortcomings. As the health care delivery system is altered by managed care and other pressures, educators must respond to these changes and prepare future practitioners to face these altered practice models.

Previous research has identified that the concept of special education skilling from the perspective of the occupational therapist is problematic and limited in discovery. The perceived roles of the rural therapist employed within a school environment have been described as a jack-of-all-trades, bridge spanner between available community services, and the consummate professional loner or "...the world can get a little lonely out here" (Wills & Case-Smith, 1996). The issue of school site practice presents dilemmas associated with the environment and health care provider interface (Clark & Miller, 1996; Kellegrew & Allen, 1996).

Background: Because Mississippi is a rural state with only four areas that qualify as urban, occupational therapists prepared by our university need to be adequately prepared for the rural work environment. Presently, up to one half of our graduates locate within a rural practice setting. Since it was felt that additional insights could be gained from the inclusion of other rural states, Alabama and Louisiana were selected to be part of this survey. Given the predominately rural nature of these states, no bias would be introduced by their inclusion and more importantly a larger more diverse cohort could be tested. A recent article by Wills and Case-Smith (1996) identified five themes that categorized the types of practice among OT's in rural school systems: 1) jack-of-all-trades; 2) bridging the span between services; 3) the world can get lonely out there; 4) trust and teaming; and, 5) I cannot do it all, but I wish I could. This article goes further to explaining various coping strategies and related negative job outcomes such as dissatisfaction and intentions to leave. While this research is important in our understanding of the stresses faced by rural school system OT's, it was conduc:ed on a qualitative, interview basis with only six therapists. Further inquiry is indicated based on the preliminary nature of this research and to more fully quantify its importance.

RC 021009

BEST COPY AVAILABLE

Existing knowledge concerning perceptions among rural therapists is limited. From a review of the occupational therapy literature, it is evident that little has been determined in this line of inquiry. In a study by Kanny and Crowe (1991), it was demonstrated that rural therapists reported a higher level of perceived unpreparedness than their urban counterparts. Or, rural therapists felt more unprepared to face the isolationism and lack of peer assistance prevalent in the rural environment. Dunn, Hughes and Gray (1990) found rural therapists were not adequately prepared to deal with problem complexities associated with rural school practice. They felt that additional pre-service training geared towards this rural environment must be incorporated into the on-campus education phase. This should additionally be supplemented with more rural service practicuums. Issues of personal adjustments to the rural practice setting have been identified as selection limiting constraints in terms of limited social and professional outlets (Bracciano, 1986; Welch, McKenna & Bock, 1992).

The organizational behavior literature suggests that the rurally-based OT will be faced with various professional and personal boundaries that adds a level of stress to their life. According to Friedman and Podolny (1992), professional boundary spanning activities suggests an inherent role conflict that stresses the caregiver and manifests itself by increasing intentions to leave the organization. Additionally, this study and others (Steadman, 1992) found that job satisfaction level are negatively influenced by boundary spanning activities that increase role and job conflicts.

Schwab, Ungson and Brown (1985) found that the effect of the environment is a confounding variable in boundary spanning. Organizations that are bureaucratic in design, contain multiple levels of hierarchy, and are governmental in control compound the effects of professional boundary spanning. Boundary spanners in this environment perceive the tenuousness of their role and experience negative career signals. This line of inquiry was replicated by Jerrell (1986). In a work by Brass (1984), the need for contacts beyond the normal work requirements influenced the individual from both inter-organizational and intra-organizational perspectives. Those individuals that are less able to successfully span these boundaries are more likely to experience stresses that lead to negative organizational consequence--lowered job satisfaction and greater intentions to leave their place of employment.

This findings become part of the basis for our study. The major gap in our understanding of this "rural practice uneasiness" appears to rest in an area that has not been explored within a combined research design--boundary spanning within a rural-based occupational therapy work environment. The addition of organizational behavior theories attempting to explain the dilemmas faced by OT's becomes the focus of the current study. It becomes apparent that these practice dilemmas are significant in terms of practice within a rural school system. As a larger proportion of our graduates find themselves employed within rural areas, these professional dilemmas will become more pronounced and commonplace. In addition to personal dilemmas among OT's caused by boundary stresses, funding constraints and more emphasis directed towards multiskilling educational models will only increase the need to explore this line of research.

Research Design/Methods: This research has utilized both qualitative and quantitative methodologies. Since the existing theory is not fully established, the utilization of qualitative research techniques is an excellent choice to enhance our understanding of this concept.

Initially, six structured focus interviews were conducted qualitatively to provide a pilot study and to quasi-validate our intentions. Based upon these findings, the final survey questionnaire was formulated. These interviews were transcribed and the text was studied to discern patterns associated with our interests. It was evident that this phase found similarities with the original research of Wills and Case-Smith (1996), but it did provide some interesting deviations, such as the limited issue of economics associated with managed care. Since each of states are among the last to embrace [or be forced to embrace] the concept of managed care, this is not an unsurprising finding. However given this revelation, these findings should be tempered when compared to other states with more managed care penetration.

The second phase of this study entailed a cross-sectional mail survey sent to all OT's within our three state area of Mississippi, Alabama, Louisiana (N≅2000). Since the researchers could not screen out only those with a rural school practice, it was decided to include all OT's and simply have them note these qualifiers. Therefore, the research could be enhanced to now look at differences between rural and urban therapists, and school based and non-school based therapists. According to Cohen (1977), a sample of 116 would be required to yield a **power of .90, α .05** with 15 independent variables and an estimated population variance of .20 within our cohort.

Survey questions were based upon previous research and our preliminary qualitative findings. Therapist demographics include: age, gender, martial status, rural employment, school system employment, and educational level. Therapist perceptions include: adequate preparation during OT training, adequate field experience prior to graduation, ability to work autonomously with special needs children, ability to work independently within a school system, level of current job satisfaction, and intentions to leave current place of employment. Additional questions focused on organizational variables specific to: extender follow-up on-site, peers on-site, supervisor on-site and local access to continuing education courses/classes.

Study Findings: The typical respondent therapist (n=236) is: 34 years of age, 89% female, 65% married, 70% have a BS degree, and have been an OT for 10 years. TABLE 1 provides a complete description of the respondents. Initial inferential findings suggest that therapists feel a lack of ability to work autonomously with special needs children within a school system. Further, they feel that they had limited to non-existent exposure to this environment during their on-campus education and weren't prepared for the lack of professionalism within this environment. Initial regression analysis (TABLE 2) suggests: 1) non self-employed individuals, lower levels of job satisfaction, higher levels

TABLE 1-Descritpive Statistics

variable	*mean*	*std dev*	*range*
AGE	34.27	8.45	21 to 63
GENDER	89.1% female; 10.9% male		
MARITAL STATUS	27.1% single; 66.9% married 2.5% divorced		
YEARS_OT	9.73	8.01	1 to 40
ADEQUATE FIELD WORK	79.4% no;20.6% yes		
CURRENT SCHOOL EMPLOY	78.9% no; 21.1% yes		
ED_LEVEL	70.1% BS; 29.9% MS/MOT		
SELF_EMPLOY	87.1% no; 12.9% yes		
LIVE IN RURAL	69.0% no; 31.0% yes		
CURRENT SCHOOOL EMPLOY	78.9% no; 21.1% yes		
SUPR ON-SITE	51.6% no; 48.6% yes		
PEERS ON-SITE	34.7% no; 65.3% yes		
PREPARE SCHOOL SYSTEM	17.5% not prepared 36.7% fairly unprepared 30.8% some prepared 12.5% fair prepared 2.5% well prepared		
WORK AUTON W CHILDREN	7.5% not prepared 24.2% fair unprepared 35.0% some prepared 29.2% fair prepared 4.2% well prepared		
INTENT TO LEAVE EMPLOY	46.8% no; 53.2 yes		
OVERALL JOB SATIS	0.8% not satisfied 6.7% fair unsatisfied 12.6% some satisfied 47.1% fair satisfied 33.6% very satisfied		

of education, the absence of peers on-site, and fewer years as a practicing OT are predictors of intention to leave; and 2) perceptions of preparedness to work in a school system and the absence of peers on-site are predictors of ability to work autonomously with children.

TABLE 2- Regression Results

DV: INTENT TO LEAVE			*DV: PREPARE TO WORK AUTON*		
IV:	***coefficient***	***std error***	***IV:***	***coefficient***	***std error***
AUTONWK	.275	(.048)	- - - - -		
CSH_EMP	1.202	(.868)	CSH_EMP	-.005	(.209)
ED_LEV	1.156†	(.672)	ED_LEV	-.092	(.142)
GENDER	-1.308	(1.167)	GENDER	.117	(.304)
MARSTAT	.465	(.656)	MARSTAT	-.044	(.136)
OT_YRS	-.076†	(.044)	OT_YRS	-.004	(.011)
ADQ_FLD	-.718	(.916)	ADQ_FLD	-.140	(.214)
OVRL_SAT	-1.039*	(.450)	OVRL_SAT	.128	(.097)
LOC_CEUS	.454	(.375)	LOC_CEUS	-.044	(.089)
PEER_SITE	1.454†	(.902)	PEER_SITE	-.371*	(.205)
SELF_EMP	-2.453*	(1.416)	SELF_EMP	.100	(.264)
SCHSYS	-.067	(.499)	SCHSYS	.696**	(.086)
constant	.093		constant	1.089	
model sign.	.003		model sign.	.001	
R^2	.316		R^2	.523	

† $p<.10$
* $p<.05$
** $p<.01$

NOTE: Intention to Leave model is logistic regression (LOGIT) and the Prepared to Work Autonomously is an ordinary least squares (OLS) model. R^2 for LOGIT is pseudo R^2 approximation.

At the present juncture, we have 236 respondents of 1039 mail-outs. This represents an initial response rate of 23 percent. However, given the limited time since initial mail-out, it is felt that our final response rate should ultimately reach 30 to 40 percent given past experience with similar populations.

Conclusions: These results reinforce previous findings and suggest that indeed the rurally-based OT perceives an inability to work autonomously with children. Further, this degree to apparent frustration is manifested in higher intentions to leave site of employment. A common significant predictor variable between both equations is the

availability of peers on-site. In both equations, peers on-site are related to positive behavioral outcomes. This highlights the need for collegiality among these professional caregivers, and their need to be associated with members of the medical model of OT. Overall, these findings are consistent with past research and don't suggest any findings that are unexpected. However given the qualitative level of prior research, this initial effort serves to provide a baseline understanding of the plight of rurally-based school OT's versus their urban and non-school counterparts. Subsequent testing of this growing cohort and future studies will based on this preliminary inquiry. The researchers will further explore these relationships and introduce additional dependent variables along the same lines.

From an educational perspective, it is apparent that OT's feel overwhelmingly that they are unprepared to enter the rural and school system work settings. With a continuing emphasis placed upon rural employment opportunities, it is important for the educator to re-visit clinical training sites and strive to identify students interested or in need of rural exposures.

References:

Available upon request.